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BULLETIN

OF

The National Association for the Study and Prevention of Tuberculosis

Vol. II. DECEMBER, 1915. No. 3.

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FREE PAMPHLET FOR MEMBERS

By special arrangement with the New York School of Philanthropy, the National Association has secured a number of copies of a new booklet just off the press, entitled "Facts about Tuberculosis," by Lilian Brandt, which will be furnished free of charge to any members of the Association applying for it.

The pamphlet is without question one of the most valuable publications of this nature that has been issued in recent years. In forty pages Miss Brandt has brought together all of the most vital social facts with reference to tuberculosis and has presented them in an interesting and graphic way. In reality the booklet is a series of twenty diagrams and charts with a brief descriptive text explaining each.

Miss Brandt takes up such facts as the relative proportion of tuberculosis mortality; comparative death-rates in American and foreign cities; sex and age as factors in the death-rate; urban and rural mortality; racial and national factors in the death-rate; occupational mortality; decrease in tuberculosis mortality, etc. Each fact is briefly stated in text and presented in diagram, the latest and most reliable figures being used. Miss Brandt's reputation as a statistician and social worker is so well established that workers in the anti-tuberculosis field may feel confident that the best possible data have been presented.

For those who speak or write about tuberculosis, this little reference book will be found invaluable. The National Association offers copies free to its members. Others may purchase copies at twenty-five cents each from the *Journal of the Outdoor Life*, 287 Fourth Avenue, New York City. In quantities of twenty-five or more the price will be reduced to fifteen cents. These prices are limited as to time.

Action of Board of National Association

A statement of the principal action taken at the meeting of the board of directors of the National Association for the Study and Prevention of Tuberculosis held October 16th was not published in the November *Bulletin* because of lack of space. The following is an outline of the principal measures adopted and recommended:

(1) A committee on medical education for physicians was appointed, consisting of Dr. H. R. M. Landis, Philadelphia; Dr. W. Gilman Thompson, New York; Dr. George Blumer, New Haven; Dr. John Ritter, Chicago; and Dr. Charles P. Emerson, Indianapolis. The committee will consider a standard course on tuberculosis for use in medical schools.

(2) A committee on education of nurses was appointed, consisting of Miss Ella Phillips Crandall, Miss Annie W. Goodrich, and Miss Carolyn Van Blarcom, New York; Miss Mary Beard, Boston; Miss Alice Stewart, Pittsburgh; Miss Edna L. Foley and Miss Rosalind Mackay, Chicago; Miss Chloe Jackson, Atlanta; Miss Bess Davies, Seattle; Miss Virginia Martin, Lexington, Ky.; Miss Helene Stewart, Columbia, Ohio; and Miss A. K. Sutton, Philadelphia. This committee will consider a standard course on tuberculosis for nurses' training-schools.

(3) The annual medical examination of the office force of the association, including examination of new employees on admission, was authorized.

(4) A committee to consider and formulate standards for diagnoses of tuberculosis in children with Dr. James Alex. Miller, New York, as chairman, appointed. Other members of the committee are Dr. B. A. Waters, New York, secretary; Dr. John Howland, Baltimore; Dr. Henry I. Bowditch, Boston; Dr. John H. Lowman, Cleveland; Dr. J. A. Abt and Dr. O. W. McMichael, Chicago; and Dr. G. L. Bellis, Milwaukee.

(5) A committee to consider standard hospital and other records was authorized, the members to be appointed later.

(6) A committee on research in tuberculosis, with a fund of $1,000 at its disposal, was authorized. Dr. Edward R. Baldwin, Saranac Lake, was appointed chairman. He has chosen the following as members of this committee: Dr. Theobald Smith, Rockefeller Institute, Princeton, N. J.; Dr. William H. Park, Research Laboratory, Department of Health, New York City; Dr. H. Gideon Wells, Sprague Memorial Institute, Chicago; Dr. Paul A. Lewis, Henry Phipps Institute, Philadelphia; and Dr. Eugene L. Opie, Washington University, St. Louis. This committee will aim to stimulate laboratory research in tuberculosis.

(7) The executive committee was authorized to study the constitution and by-laws of the association and to present at the next meeting of the board such amendments as seem to be necessary.

(8) The next annual meeting was set for Washington, D. C., May 11 and 12, 1916, immediately following the Triennial Congress of Physicians and Surgeons.

(9) A resolution was adopted that the present board approve a policy of holding a meeting every third year at Washington with the Triennial Congress of Physicians

(*Continued on page 3*)

Help Wanted to Make New Directory Complete

The work of gathering and arranging material for the revised edition of the Tuberculosis Directory, to be issued early in 1916, has begun. To give a picture of the whole field of the campaign against tuberculosis, this book must be complete. It cannot present a complete summary unless all those in a position to furnish information do so promptly. The National Association urgently requests every reader of the *Bulletin* to assist.

First consult the present directory of 1911 and the supplement of 1913 for reference to activities in which you are interested. Send the National Association full information necessary to a proper revision and amplification of the facts given. Be sure to add the details of any new activity of which you know. If you haven't the desired information at hand, tell us where it can be found.

One other favor we ask. Tell us what you think of the present arrangement of the material in the book. Would you like the new edition issued in the same form? If not, what is lacking and how can improvements be made?

Please do not omit to send information because you think we doubtless have it already. When in doubt, send it, is our advice. The National Association would rather edit scores of duplications than to omit a single activity.

Naturally, you will want the institution or association with which you are connected listed carefully. Make sure of it by writing the National Association before January 15th.

BULLETIN OF
THE
NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS

Published Monthly

In the Interest of Workers Engaged in the Anti-Tuberculosis Movement by

THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS
105 EAST 22ND STREET, NEW YORK CITY

Vol. II. DECEMBER, 1915. No. 3.

Entered as Second Class Matter October 21, 1914, at the Postoffice at New York, N. Y., under the Act of August 24, 1912.

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A Health Insurance Bill

As part of its 1916 program, the American Association for Labor Legislation will carry on a campaign to secure the passage of a health-insurance bill in several states. A pamphlet containing a draft of a suggested bill with comments and explanations has been prepared by a special committee, and may be had on application to John B. Andrews, secretary of the association, 131 East Twenty-third Street, New York City. It is proposed to introduce the bill this coming year in the legislatures of New York, Massachusetts, New Jersey, and Missouri. Other states than these or in addition to these may be selected.

The proposed bill, modeled to a large extent after the British Sickness Insurance Act, is admirably adapted to American customs and laws. It provides primarily for compulsory health and invalidity insurance; the use of existing benefit associations; adequate benefits both for the insured and for his family; contributions by the state (one-fifth of the total), by the employer and employee (one-half each of the remainder), and for a social insurance commission to control the fund. The bill may be adapted to any present system of workmen's compensation or similar scheme.

Anti-tuberculosis workers are urged to send for copies of the proposed bill and to familiarize themselves with the problem of health insurance, which bids fair to be one of the foremost legislative problems in the next ten years.

Are We Over-Conventionalized?

By MRS. ETHEL McHENDRIKSEN, GRAND RAPIDS, MICH.

Perhaps no year in the history of our country has witnessed so many conventions of all sorts and descriptions as the one which is now closing. This applies to public health and welfare work in particular. Is there a danger of over-conventionalizing our work?

One hears this question asked many times on the part of a few men of national prominence who are required to appear at almost every one of these meetings. In fact, is not the national figure the only one whose opinion we hear, and does any one hear the opinion of the delegate from the little backwoods town, or the rising little city, in the flush of its pride over newly acquired commission government or some other thrilling form of public benefaction? Do we hold these conventions for the national lights to give them a chance to enjoy making a speech or do we hold them for the delegates who are often seen but seldom heard and who make up the bulk of the audiences?

Is the fact that there was a larger attendence at many of the state and interstate meetings this year than ever before of any value in answering the question? What about the Mississippi Valley conference, bringing out 711 from fifteen different states and the Michigan state meeting boasting over 400 present, representing seventy towns and cities? Both of these audiences were unprecedented in the histories of their respective organizations.

And yet some folks say, "Think of the cost of these large meetings! Not only the cost of the program and entertainment, but the aggregate cost to each delegate, enough to build a small hospital or to keep a nurse going for several years or to support a free clinic for a long time—in *one* community—*if* it were possible thus to direct the disposal of the fund! This is definite work that any one can see, and we all like to see our money transformed into some material object or service unless, perchance, we belong to the class known as misers."

But the convention expense, how does it justify itself? Many communities are building sanatoria, maintaining nurses and free clinics, and carrying on extensive educational work. Who started it all and who keeps it going? Nine chances out of ten your very conventionist. With inspiration flaming in his breast he leaves the convention hall and the resolutions he has made under expert guidance and direction are worth the price of many conventions to his city alone.

It cannot be strongly enough urged on state associations to make the most of these annual conventions. It is the state association's job and one of its most important ones. When a city throws open its doors to the convention don't let it be said that the program was so poor it didn't repay the delegates for coming nor the city for being host. Get up the very best program you can muster, one that most suits the immediate needs of your state, and don't be afraid to pay for it. You can't use your money to any better advantage. It's the best advertisement for your state association work to which you can have recourse, and it is legitimate in every sense of the word.

Rural Programs and Budgets

Two articles in this number of the *Bulletin* by Miss Fulmer are significant in that they indicate methods of organization and work in rural communities.

The plan of a public health council is an excellent one, which anti-tuberculosis workers in any part of the country might well copy to their advantage. It is not only time that public health is or should be of common interest, but it is equally true, a fact which many people overlook, that tuberculosis is only a part of a much larger public health problem. In sparsely settled communities, where social agencies have not specialized to the degree that they have in cities, it is more than ever desirable that tuberculosis be handled as part of the general public health work. There are disadvantages in having a public health nurse as opposed to a specialized tuberculosis one, but usually the alternative in a country community is not between general or special nursing, but between a general nurse or no nurse. In such a situation the general nurse is surely the desirable choice.

As to the budgets, which Miss Fulmer presents, the question may well be raised as to whether the first budget list does anything more than offer a means for spending some money. True, it is educational, but apparently not educational and purposeful too. The same amount of money turned over to the state association would probably produce greater results than would this budget. The second budget would appear to have in some degree a constructive purpose, *viz.*, to get the community to take a larger interest in its own health by engaging a nurse or otherwise. This purpose seems, however, not very well defined. It is conceivable, on the other hand, that with wise direction from central public-health council for the county, "Podunk," "Squeedunk," and the other hamlets and villages might spend this money to advantage. In the expenditure of small sums of money, especially in rural districts, one cardinal principal should be observed, that the $50, $75, or $100 is only "seed money," and that it must beget more money and service, else it fails in its mission.

Budget for Health Organizations, Having Only $50 to $75 to Spend

By MISS HARRIET FULMER, R. N., Springfield, Ill.

Book-marks of National Association for school-children (1,000 imprinted), rural	$ 9.00
Certificates and tags for a plan of co-operating with sanitary laundries	5.00
Journal of the Outdoor Life and two books on tuberculosis for the library	6.00
Two waste-boxes	8.00
Expense of public-health meeting, including speaker	7.00
Incidentals and postage	3.00
Basins, towels, soap, and cups for rural school	10.00
Prize for the best laundry	2.00
	$50.00

This is a suggested budget of an anti-tuberculosis committee for 1915–16 with an income of $50.

In the organization now forming in an Illinois county, where this budget will be used in the small towns, we have made a special point of making the Board of County Supervisors, the various rural-school trustees, and other officials important members of this organization.

The certificates and tags which I am referring to in my expense for sanitary washing-places are because of this. One local league that I have in mind in order to have some specific, concrete thing to call attention to and where tuberculosis was very prevalent, offered to every washerwoman in the community having a clean washing-place a certificate to say that her laundry was in good sanitary condition. At the end of a specified time a prize was given to the one having her laundry in best condition for six months. The certificate reads like this:

"This certifies that the Kane County Public Health Council has inspected the laundry premises of Mrs. —— and she is awarded $—— on account of sanitary condition under which she works.

The following budget shows a different type of expenditures, but ones which are well within an allowance of less than $75.

(*a*) For the state association, to outline plans and make a general survey of the situation (paid direct to the State Society)	$20.00
(*b*) 6,000 pamphlets bought from the State Society	5.00
(*c*) One galvanized waste-box, painted green, marked on one side, "Help keep your town clean," on the other, "Health is a community asset," and on one end, "Placed here by the Anti-Tuberculosis Organization"	4.00
(*d*) Materials for display in a booth at the county fair	5.00
(*e*) Printing posters, membership cards, and stationery	5.00
(*f*) Railway fare of public-health speaker for an open-air meeting	5.00
(*g*) Buttons and rules of health for the rural schools	5.00
(*h*) Postage	1.00
(*i*) Material for Illinois Open-air Crusaders:	
Buttons	7.00
Rules	3.40
Song	3.40
	$63.80

Tuberculosis Institute [1]

An institute for tuberculosis workers, previously announced in the *Bulletin*, will be held in the New York School of Philanthropy, 105 East Twenty-second Street, New York City, from June 1 to 21, 1916. It will be conducted by Philip P. Jacobs, assistant secretary of the National Association, and will be a three weeks' conference and study of the social aspects of the tuberculosis problem.

Membership in the institute is limited to twenty persons, and about half of this number have already been enrolled. Others desiring to enroll are urged to communicate with Mr. Jacobs immediately. A circular of information has been prepared and will be sent on request.

How To Organize a Public Health Council in Towns of 5,000 and Over

By MISS HARRIET FULMER, R. N., Springfield, Ill.

Usually in a small community there are many social-service activities, each doing its own piece of work with no relation to that of any other. Churches, womens' clubs, and various public and private societies go their own way and in a sense have nothing of any common interest. Public health *is* of common interest, and these various groups may be brought together on this ground easier than any other.

In working out a plan of this sort it is surprising what an interest can be aroused in securing a public-health nurse. All existing organizations send a delegate representative to the Central Council. Each group according to its ability pledges a certain sum yearly to the support of a health agent to serve under the jurisdiction of said council. The Central Council is itself the executive committee and elects its own officers.

In one town in Illinois this plan worked out so effectively that through the influence of the Central Council pressure was brought to bear with the Board of Education, who now employ two school nurses. A community nurse is also working under the auspieces of the Central Council. The movement is well supported financially, each organization feeling its responsibility. The chief reason for the popularity of this plan was because no new organization was formed, but the interests of all were pooled in one common fund for the employment of this one common worker. Yet it gave the privilege of going on (to each of the organizations) with its own specific work as it saw fit. For a practical illustration of the plan we give the following groups which were asked to join the combine in Joliet, Ill., where a Central Council has been well worked out.

Private Groups

Parent Teachers Association
Churches
Woman's club
Civic club
Association of commerce
Managers of factories, etc.
Metropolitan Ins. Co. agents
Medical society
Salvation Army
Railway officials
Social clubs
Music clubs
Hospital (presidents of boards)
Anti-tuberculosis associations, etc., etc.

Public Groups

Mayor, City Council, and
Board of Education
Board of County Supervisors
Board of Health, etc., etc.

A budget for the first year of such a council should be at least $1,400. The salary of the paid worker should be not less than $80 for three months and increased as her efficiency is established. No one but a nurse of experience, good education, and refinement should be employed to introduce this plan.

(*Continued from page 1*)

and Surgeons, and that for the other two years the meetings shall go elsewhere.

(10) The following were selected chairmen of sections and have since accepted: Advisory Council, Dr. Livingston Farrand, Boulder, Colo.; Clinical Section, Dr. Thomas McCrae, Philadelphia; Pathological Section, Dr. Gerald B. Webb, Colorado Springs; and Sociological Section, Seymour H. Stone, Boston.

Contract System for County Health Work

The North Carolina State Board of Health has recently inaugurated an original method of health work in small town and country communities. Dr. W. S. Rankin, secretary of the board, calls it "the unit or contract system," under which the State Board makes an agreement with counties to undertake certain work for them. For instance, contracts were made with ten counties to administer free typhoid immunization to all citizens who wished it. The charge was $500 per county. About fifty thousand persons were vaccinated at a cost of ten cents each.

This winter the board is contracting to perform units of work in country schools. The program for Health Day in each school is described by Dr. Rankin as follows:

"Two weeks before Health Day the principal of the school receives from the State Board of Health a batch of hand-bills announcing the date and program for Health Day. The hand-bills also carry an invitation to the patrons of the school to attend the exercises. The teacher distributes these notices through the children to the school community. The representative of the State Board of Health arrives at the school at 10 A.M on Health Day. He makes a fifteen-minute talk to the children and visitors on the importance of a knowledge of the laws of health. He then makes a medical inspection of the pupils and gives each defective child a card to its parents, notifying the parents of the nature of the defect and urging the parents to see the inspector after the evening exercises. The inspector mails a report of the inspection to the State Board of Health which through a system of follow-up letters keeps in touch with the parents of the defective children until they are treated. The inspector then questions the children after the manner of the old-time spelling-match in a health catechism, which has been supplied to the school in sufficient number at least one month prior to Health Day. The Health Day exercises then adjourn until 8 P.M., at which time the exercises are resumed. The evening exercises consist of from three to four short illustrated lectures by the inspector on the more important subjects of sanitation, interspersed with the reading of selected compositions by the school-children. The last item on the program will be the awarding of prizes, the first for the best knowledge of the catechism, and the second for the best composition. The inspector will grade, score-card manner, each school on the excellence of its showing on Health Day. When this county unit is completed, a county prize will be awarded to that school, giving the best co-operation in the work; a county prize will be awarded for the best composition, and another prize for the best knowledge of the health catechism. The inspector can handle one rural school a day. It will take two or three days to handle some of the larger village and town schools."

"This plan of contract county health work," adds Dr. Rankin, "greatly increases the appropriation of the State Board of Health; an appropriation from a county is just as useful in doing health work as an appropriation from the state. This plan has great adaptability and, I might say, extensibility in proportion to the ingenuity of the operator; under it a unit of infant hygiene work may be developed; under it a unit of anti-pellagra work may be executed; under it many other more or less independent county health problems may be successfully attempted.

What Did You Do on Tuberculosis Week?

When the National Association decided on a celebration of Tuberculosis Week this year, instead of Tuberculosis Day, it was optimistic as to the outcome, but it failed to anticipate the size of the campaign.

No one in the executive office has yet found time to figure out the number of miles that pages of Tuberculosis Week literature would reach if placed end to end, or how many billion words were printed and distributed. Every employee can testify, however, that the office for days was under as much pressure as a newspaper office on election night. There are several printers and multigraphers who will also have occasion to remember the week. Orders for literature came to them in lots of tens of thousands and they worked night and day.

Now that the week has passed into history the National Association is eager to hear reports from every association on the details of its local program and what methods were used in the campaign. While the facts are fresh in mind, let us hear from you. The National Association is especially desirous of learning particulars about the celebration of Medical Examination Day. What means were used by you to interest physicians, medical societies, employers, employees, schools, and other individuals and organizations, and what difficulties were encountered? Your descriptions, suggestions, and criticisms will be especially valuable to the National Association in making plans for next year.

Reports of Red Cross Seal Sales

As soon as possible after the Red Cross Seal sale draws to a close the National Association desires to have a preliminary report from agents, giving estimates of the number of seals sold. These reports will be used as a basis for a press story, giving a forecast of the probable amount of sale throughout the United States.

Within a few days forms on which reports may be made will be issued. A prompt return of the forms with a careful estimate of the sale is urged so that publicity may be given to the reports as soon as possible after January 1.

Many agents have found time during the heat and stress of the campaign to let the National Association know that the sales far exceed even the most optimistic expectations. Reports of sales by mail sale letters are especially pleasing.

The attention of all agents is called to the fact that an accounting must be made for all seals with which each agent is credited. This necessitates keeping an accurate record during the sale. Among the facts for which the National Association will ask are the number of seals received, sold, returned; the number lost or unaccounted for, if any; the amount of money received; the cost of the sale; particulars in regard to different methods of selling, etc.

In addition, suggestions regarding the sale next year are requested. Have you any criticisms of this year's sale? What added features would you recommend for 1916? By the time this *Bulletin* is issued you will be summing up in your mind the results of the campaign. Jot them down for your own benefit and for that of the National Association and let us have them at an early date.